Case 4:14-cy 00701-A Document 1 Filed 08/26/14 Page 1 of 27 PageID 1

IN THE UNITED STATES DISTRICT COURT
FOR THE Nochhold DISTRICT OF TEXAS
DIVISION

Form To Be Used By A Prisoner in Filing a Complaint Under the Civil Rights Act, 42 U.S.C. § 1983

Edward Brenton Wars Plaintiff's name and ID Number Taccant Co Jak Place of Confinement CASE NO. FT WORTH TX 76102 (Clerk will assign the number) U.S. DISTRICT COURT ٧. NORTHERN DISTRICT OF TEXAS FILED MHMR Taccont Co Defendant's name and address AUG 2 6 2014 3840 Hulen st North Defindant's name and address CLERK, U.S. DISTRICT COURT Fr WOCHN TY 76107 Deputy Defendant's name and address ( DO NOT USE "ET AL.")

#### INSTRUCTIONS - READ CAREFULLY

#### NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

- 1.T o start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
- 2.Yo ur complaint must be <u>legibly</u> handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, <u>DO NOT USE THE REVERSE</u> SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3.Yo u must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
- 4.W hen these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

## FILING FEE AND IN FORMA PAUPERIS

- 1.I n order for your complaint to be filed, it must be accompanied by the filing fee of \$250.00.
- 2.1 f you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed in forma pauperis. In this event you must complete the application to proceed in forma pauperis (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
- 3.28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal in forma pauperis, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed in forma pauperis, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$250 filing fee has been paid.
- 4.I f you intend to seek in forma pauperis status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

#### CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion (s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

Į.	PREV	IOU	S LAWSUITS:
		im	ve you filed <i>any</i> other lawsuits in state or federal court relating to yourYESNO
	B.	If y	your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one vsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
		1.	Approximate date of filing lawsuit:
		2.	Parties to previous lawsuit:
			Plaintiff(s)
			Defendant(s)
		3.	Court: (If federal, name the district; if state, name the county.)
		4.	Docket Number:
		5.	Name of judge to whom case was assigned:
		6.	Disposition: (Was the case dismissed, appealed, still pending?)
		7	Approximate date of disposition

200	
	TIES TO THIS SUIT: Name and address of plaintiff: えんいひゃり ほといとい (人とらう)
	100 N LAWAR FT WOCKE TY 76101
F	ivil name of each defendant, his official position, his place of
ē	Full name of each defendant, his official position, his place of employment, and his full mailing address.
I	Defendant #1: MHWR Tarcont Co Tail Div
•	3840 HULYA St/NOGAN TOWER /F+ WOCKEN TV 76107
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
	Denying me treatment For mental healty
	Proper treat wear  Defendant #2:
^	
]	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
3	Defendant #3:
_	
]	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
-	
,	Defendant #4:
•	

## Case 4:14-cv-00701-A Document 1 Filed 08/26/14 Page 4 of 27 PageID 4

V	STATE	MENT	OF	CT	ATM-
W -	-> > A   F.	ATCIAL		w	Z*11VI.

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

	IN S Worths I have Seen I Wentel.
Ny	alth Doctor Mas was , who ordered me
. (	busbuc sny in moon and I in evental For
W	ild ankietu
	I have PTSO , PSGCOSIS, Wajor BARIET
d.	sorder, Bipolon, Major Dypession, Panic Alters
Üv	d a croccoring wrent more with our 30
	telps to inpotionil units. I broke to major
<u>o</u>	ouchosic and are forested for work here.
	EF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases stutes.
JI SU	
	25,000,000.00 Poin + SUFFERING
	ERAL BACKGROUND INFORMATION:  tate, in complete form, all names you have ever used or been known by including any and all aliases:
<del></del>	
B. I	ist all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison rFBI numbers ever assigned to you, if known to you.
SAN	CTIONS:
	lave you been sanctioned by any court as a result of any lawsuit you have filed? YESNO
	• • • • • • • • • • • • • • • • • • • •
D. i S t	f your answer is "yes", give the following information for every lawsuit in which anctions were imposed. (If more than one, use another piece of paper and answer he same questions.)
1	. Court that imposed sanctions (if federal, give the district and division):
2	. Case Number:
7	
•	. Approximate date sanctions were imposed:

	Has any court ever warr If your answer is "yes", warning was imposed. ( the same questions.)	give the follow	ing information fo	or every lawsuit in which	YESNO
	1. Court that imposed v	warning (if fede	ral, give the distric	t and division):	AND THE RESERVE THE PROPERTY OF THE PROPERTY O
	2. Case Number:		*********	·	
·	3. Approximate date w	varnings were is	mposed:		
Executed	on:			-	
	DATE				
				(Signature of plainti	ff)
PLAINT	IFF'S DECLARATION	is		•	:
2. 3. 4.	and correct.  I understand if I am rele mailing address and fai I understand that I mus I understand I am prohil actions in a Court of the dismissed on the ground granted, unless I am understand even if I am rele mailing address and fair understand if I am rele mailing address and fair I am prohile actions in a Court of the dismission in a Court of the dismission and I am prohile actions in a Court of the dismission and I am prohile actions in a Court of the dismission and I am prohile actions in a Court of the dismission and I am prohile actions in a Court of the dismission and I am prohile actions in a Court of the dismission and I am prohile actions in a Court of the dismission and I am prohile actions in a Court of the dismission and I am prohile actions in a Court of the dismission and I am prohile action action and I am prohile action action and I am prohile action actio	ased or transfer lure to do so m t exhaust all avoited from bring the United State d they were frighted and imminent of m allowed to p	red, it is my responsay result in the disallable administrating an in forma pass while incarcerativolous, malicious, langer of serious proceed without priche Court, which serious is a serious proceed.	rive remedies prior to filing the superis lawsuit if I have brough or detained in any facility, or failed to state a claim upon physical injury.  The repayment of costs, I am responded by deducted in accordance in accordance.	formed of my current his lawsuit.  The chiral phase of more civil, which lawsuits were on which relief may be ponsible for the entire
Signed th		day of	Aus	<u> 3014</u> .	•
	(Day)		(month)	(year)	,
				Edward	(N65)
				Edward Da	~
				(Signature of plain	tiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS

Edward	) Benton 61657 0463470		
······································	e and ID Number		
Tarana	1+ Co Jeil 100 NLAMAR		
Dlace of Confi	noment		
riace of Com	porty 1776104	CASE NO.	
1-1 0	DOICEAL IN SALION	(Clerk will assign the	ne number)
٧.			-
	- Tarron Co Jall Div	APPLICATION TO IN FORMA PA	
38401	tulea St / North Tower		
FY WO	etn 76107	ikat I am the Dleintiffin t	he above entitled case. In summort
of my motion	to proceed without being required to prepay fees unable to pay in advance the filing fee for said pref.	s, costs or give security the	herefor, I state that because of my
I furt	her declare that the responses which I have made	e to questions and instruc	tions below are true.
<b>†</b>	Have you received, within the past 12 months.	, any money from any of	the following sources?
	a. Business, profession or form of self-emplo	yment? Yes	G No G
	b. Rent payments, interest or dividends?	Yes	G No.G
	c. Pensions, annuities or life insurance payme	nts? Yes	G No.G
	d. Gifts or inheritances?	Yes	G No. G
	e. Family or friends?	Yes	G No G
	f. Any other sources?	Yes	
	If you answered YES to any of the questions		arce of money and state the amount
	received from each during the past 12 months	S.	
	Servel Se	ecocity 8	17.00
,	Not while in Jac	1	
2.	Do you own cash, or do you have money in a accounts?		ount, including any funds in prison
	Yes G If you answered YES, state the total value of	No G The items owned.	

3.	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing?
	Yes G No. G
	If you answered YES, describe the property and state its approximate value.
¥	d that a false statement or answerto any questions in this affidavit will subject me to penalties for
perjury. I de U.S.C. § 17	cclare (or certify, verify, or state) underpenalty of perjury that the foregoing is true and correct (28
	Signed this the 21 day of Ao, 20 14.

YOU<u>MUST</u> ATTACH A CURRENT SIX (6) MONTH HISTORYOFYOUR INMATE TRUST ACCOUNT. YOU CAN ACQUIRE THE APPROPRIATE INMATE ACCOUNT CERTIFICATE FROM THE LAW LIBRARY AT YOUR PRISON UNIT (OR OTHER DESIGNATED LOCATION AT YOUR INSTITUTION).

## CERTIFICATE OF INMATE TRUST ACCOUNT

	I, the undersigned authorized officer of the Tarcan+	County Jail
	•	(name df institution)
where	re Edward Benton Glass , Inma	te ID No. <u>6463476</u> , is confined
WHOLE.	(name of inmate)	
	,	
as a pri	prisoner, do hereby certify that:	
	(1) On this day the prisoner has in his account the sum of	
	(2) During the past six months, the prisoner's:	
	Average monthly balance was \$ 30.26	<del>`</del>
	Average monthly deposits to the prisoner's account w	ere \$ <u>136.13</u>
	Attached is a certified copy of the prisoner's trust account	statement (or institutional equivalent)
showir	ving transactions for the past six months.	
	Signed this 17th day of August	
	Auth	Orized Officer
	Instit	Trank County Jail Tution of Confinement

## Authorization

I, the undersigned inmate, authorize the institution where I am incarcerated to withdraw and forward to the court any initial partial filing fee or appeal fee and any subsequent installments ordered by a Court under the *in forma pauperis* provisions of 28 U.S.C. § 1915.

Edward Mun Signature of Prisoner/Plaintiff/Appellant Inmate ID No. 0462470 Jail Records Needed



LO	GIN
 , estimortificant citata de la majoritat quanti esta transce en 1999 estimortificat establica establica que se	wag
Mastriconald stacking a capprobagging control that has one is the second of the control of the cappaign of the	and.

About Us Services

Your Rights

Business Opportunities

Research

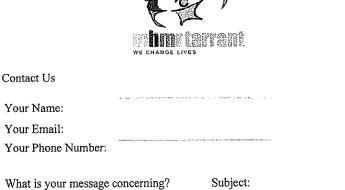
Jobs

Media

Contact Us

You are here: Contact Us

## Contact Us



Select Area Message:

SERVING 24 COUNTIES IN NORTH TEXAS | MHMR of Tarrant County (MHMR) 3840 Hulen Street, North Tower, Fort Worth, TX 76107-817-569-4300

Inpatient Records Needed

# **UTSouthwestern**

Medical Center

Patient Care

# **Contact Us**

General Information Phone: 214-648-3111

If you reach our automated system, you can be connected to the person or Department you'd like to speak with simply by stating their name. For general information, say "general information," or press zero.

# **Appointments**

Adult Patient Appointments (New)

Phone: 214-645-8300

Adult Patient Appointments (Established)

Contact the clinic directly

Pediatric Patient Appointments

Phone: 214-456-7000

University Hospitals Phone: 214-645-5555

## **Guest and Patient Services**

James W. Aston Ambulatory Care Center

Phone: 214-645-2393

Outpatient Building
Phone: 214-645-3395

Professional Office Buildings 1 and 2

Phone: 214-645-6773

Seay Biomedical Building Phone: 214-645-8583

St. Paul University Hospital

Phone: 214-645-5535

Zale Lipshy University Hospital

Phone: 214-645-4101

## Write Us

UT Southwestern Medical Center 5323 Harry Hines Blvd. Dallas, Texas 75390

**Directions** 

## **Medical Records**

Patients may request medical records directly from UT Southwestern.

Outpatient

Phone: 214-645-3030

St. Paul University Hospital Phone: 214-645-5260

Zale Lipshy University Hospital

Phone: 214-645-5400

# Billing

Patients may also obtain information about <u>billing and insurance plans</u> accepted.

Hospital or Inpatient

Phone: 214-645-4500 or 866-590-2198

Physician Services or Outpatient

Phone: 214-645-0600 or 866-648-2455

# **Media Inquiries**

UT Southwestern University News Bureau

Phone: 214-648-3404

Copyright 2014. The University of Texas Southwestern Medical Center For emergencies please call **911**. Make an appointment - Adult: 214-645-8300 or Children: 214-730-KIDS

my Noeter Records Needed

Agad U Iglam, MD (http://www.vitalg.com/doctorg/Dr\_Agad\_Iglam.html)

2.0 Add your rating:

714

Psychiatrists 15 years of experience 860 Hebron Pkwy Ste 1101 Lewisville, TX 75057 469-444-2244

Locations and availability (3) (http://www.vitals.com/doctors/Dr\_Asad\_Islam/office-locations)

# Inpatient Record, Needed

Su Search by location or name

Home Dialysis Centers Home Care Agencies Hospitals Nursing Homes Rehab Centers

You are here: CileHealth» Rehabilitation Centers» Texas» Cities» Bedford » Harris Methodist Springwood

Sign Up | Log In

# Drug Rehab Facility

全 therecoveryvillage.com/DrugRehab

Highest Quality Personalized Rehab. Call Us Today. Insurance Accepted

## Harris Methodist Springwood

Detailed report on the mental health and substance abuse treatment rehabilitation center located in Bedford, Texas (TX).

Harris Methodist Springwood is a drug or alcohol rehabilitation center with a primary focus on mental health and substance abuse treatment based at 2717 Tibbets Drive in Bedford, TX.

The facility provides detoxification and buprenorphine services to the public. The treatment center provides outpatient, residential short-term treatment, and hospital inpatient care. There are special groups and programs for persons with co-occuring mental and substance abuse disorders, pregnant and postpartum women, and women. No special language services are available. Payments via medicaid, medicare, private insurance, and military insurance are accepted. Payment assistance is not offered for program costs.

## **Overall Rating**

雅 潔 廣 廣 區

Rated 2.67 out of 5 from 3 User Reviews

A Read the Raviews | Rate this Rehab Center

## **Quality of Care Rating** N A K N X

Staff Rating ME NO HE NO

Rated 2,67 out of 5 on this user rated measure.

Rated 3.33 out of 5 on this user rated measure.

## **Facility Rating**

A A A S

Rated 3.00 out of 5 on this user rated measure.

Promptness Rating

Rated 3.33 out of 5 on this

#### **Primary Focus** A mix of Mental Health and

Treatment Services

Address

2717 Tibbets Drive Bedford, TX 76022

**Phone Number** 

(817) 355-7771

## Geographic Coordinates

32.833722,-97.1222

"The accuracy of these coordinates is at a address level

#### Website

www.texashealth.org

Top Services Bu

Review (3) Discuss (3) Don Dodson Da 183

d contributors, ODBL " | Termo

Directions @ | Enlarge Map

Print Email Follow @citehealth

D

## **Nearby Rehab Centers**

Counseling Center Located 0,74 miles away in Bedford at 1909 Central Drive Suite 203.

TRS Behavioral Care, Inc. Located 0,85 miles away in Euless at 2219 West Euless Boulevard.

Mental Health Mental Recovery of Located 3.36 miles away in Hurst at 129 Harmon Road.

Grapevine Valley Hope Located 5.72 miles away in Grapevine at 2300 William D Tate Avenue.

Millwood Hospital Located 5.78 miles away in Arlington at 1011 North Cooper Street.

Note: There are a total of 36 centers within 25 miles of this provider.

#### **Newest Reviews**

Capitol House Nursing & Rehab Center An overall rating of 1 out of 5 stars was given and the reviewer said: "As I entered Capitol House as a visitor, I thought I was.."

Bear Creek Nursing & An overall rating of 4 out of 5 stars was given and the reviewer said: "very compsionate and helpful with my father's

Hope Valley, Inc. An overall rating of 5 out of 5 stars was given and the reviewer said: "I just got home from treatment and had a few things

Inspirations for Youth & Families An overall rating of 6 out of 5 stars was given and the reviewer said; "My friends teen went there and he has been sober for years..."

Seatield Center, Inc. An overall rating of 1 out of 5 stars was given and the reviewer sald: "Overall, not a good place if you need help. The intake

View More

## Bedford at a Glance

Bedford has a total population of 47,152, of which 10,628 are children under the age of 18 and

# IN THE UNITED STATES DISTRICT COURT FOR THE NOCTOR DISTRICT OF TEXAS CT WORT TO DIVISION

Form To Be Used By A Prisoner in Filing a Complaint Under the Civil Rights Act, 42 U.S.C. § 1983

Edword Brenton Chass 0462470		•
Plaintiff's name and ID Number		
Place of Confinement	CASE NO.	
FT WORTH TY 76102		ssign the number)
<b>v.</b>		
MHMR Tarrant Co Jan Div.		
Defendant's name and address	•	
3840 Hulen St North Tower		
Defendant's name and address		,
Fr worth NY 76107		
Defendant's name and address ( DO NOT USE "ET AL.")		

## INSTRUCTIONS - READ CAREFULLY

#### NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

- 1.T o start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
- 2.Yo ur complaint must be <u>legibly</u> handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, <u>DO NOT USE THE REVERSE</u> SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3. Yo u must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
- 4.W hen these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

## FILING FEE AND IN FORMA PAUPERIS

- 1.I n order for your complaint to be filed, it must be accompanied by the filing fee of \$250.00.
- 2.I fyou do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed in forma pauperis. In this event you must complete the application to proceed in forma pauperis (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
- 3.28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$250 filing fee has been paid.
- 4.I f you intend to seek in forma pauperis status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

#### CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion (s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

	Ha	ve you filed <i>any</i> other lawsuits in state or federal court relating to your
В.	If	prisonment?  YESNO your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one vsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
	1.	Approximate date of filing lawsuit:
	2.	Parties to previous lawsuit:
		Plaintiff(s)
		Defendant(s)
	3.	Court: (If federal, name the district; if state, name the county.)
	4.	Docket Number:
	5.	Name of judge to whom case was assigned:
	б.	Disposition: (Was the case dismissed, appealed, still pending?)
	7	Approximate date of disposition:

ARTIES TO THIS		onse supplied by the prison syste	m.
	•	Benton Woss	
100 N L	-W/3/L 1-1 WO	15 km ty 76102	
T. 11	definition this official mosition	his place of	<del>and desired the Controlled Contr</del>
employment, and	n defendant, his official position his full <u>mailing</u> address.	i, ms place of	
	MHMR Taccont (		· · · · · · · · · · · · · · · · · · ·
3840 Hul	en 32/North to	wer for worth t	× 76107
Briefly describe	he act(s) or omission(s) of this	defendant which you claimed ha	armed you.
Denying	me treat ment	For Myntal healt	<u>- ¼</u>
Proper 1. Defendant #2:	sect weat	•	
Defendant #2	,		
Briefly describe	the act(s) or omission(s) of this	defendant which you claimed h	armed you.
•		• :	·
Defendant #3:			
			,
		s defendant which you claimed h	armed you.
			armed you.
Briefly describe		s defendant which you claimed l	<del></del>
Briefly describe  Defendant #4:	the act(s) or omission(s) of this	s defendant which you claimed l	. ,

V.	STATEMENT OF CLAIM:
	State here in a short and plain statement the facts of your case, that is, what happened, where did it happen,
	when did it happen, and who was involved. Describe how each defendant is involved. You need not give any
	legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set
	forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must
	be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR
	COMPLAINT.

IN 5 Wort	hs I have Seen !	mentel.
Wealth Docter	WILS WOU, Who codere	J. Mc
	in morn and I in ev-	edial For
mild ankietu		
		La Caracteria de la Car
I have P	TSD, PSGEOSIS, Mejo	, Anglety
disorder, Bi polon	, Major Dypession, Pane	c Altecys
and a le occorio	is wrear more with o	<u> </u>
telps to impo	Lients - I have	4 major
docorosic and	cir feested FEE NOAT	Nece,
3		
RELIEF: State briefly exactly wh	nat you want the court to do for you. Make no	legal arguments. Cite no cases
or statutes.		
35	000,000.00 Pain 9 Su	phecial :-
GENERAL BACKGROUND IN	,	including any and all alignost
	names you have ever used or been known by i	mending any and an anases.
Cama Ca	12-CV LON C-(0)	
B. List all TDCJ-ID identification or FBI numbers ever assigne	on numbers you have ever been assigned and to you, if known to you.	all other state or federal prison
SANCTIONS:		į,
	y any court as a result of any lawsuit you hav	ve filed? YES NO
•	· · · · · · · · · · · · · · · · · · ·	
sanctions were imposed. (If the same questions.)	the following information for every lawsuit more than one, use another piece of paper at	nd answer
1. Court that imposed sanct	ions (if federal, give the district and division):	
2. Case Number:	<u> </u>	
3. Approximate date sancti	one more imposed:	
	ous were imposed.	

## Case 4:14-cv-00701-A Document 1 Filed 08/26/14 Page 18 of 27 PageID 18

C	Has any court ever warned or notified you th	at sanctions could be imposed?	YES NO
	If your answer is "yes", give the following ir warning was imposed. (If more than one, use the same questions.)	formation for every lawsuit in which	
	1. Court that imposed warning (if federal, gi	ve the district and division):	
	2. Case Number:		
	3. Approximate date warnings were impose	ed:	
Executed	on:		
i	DATE	·	
		(Signature of pla	intiff)
	·		:
PLAINT	IFF'S DECLARATIONS		
2. 3 4	I declare under penalty of perjury all facts and correct.  I understand if I am released or transferred, i mailing address and failure to do so may rest. I understand that I must exhaust all available. I understand I am prohibited from bringing at actions in a Court of the United States while dismissed on the ground they were frivolous granted, unless I am under imminent danger. I understand even if I am allowed to proceed \$250 filing fee and costs assessed by the Comy inmate account by my custodian until the	is my responsibility to keep the Coursult in the dismissal of this lawsuit. administrative remedies prior to filing in forma pauperis lawsuit if I have be incarcerated or detained in any facine, malicious, or failed to state a claim of serious physical injury. d without prepayment of costs, I amount, which shall be deducted in according	t informed of my current g this lawsuit. ought three or more civil lity, which lawsuits were upon which relief may be responsible for the entire
Signed th		$\frac{3}{10000}, \frac{3000}{10000}$	
	(Day) (n	with Amil	
		Edward	) Closs
		Educo :	Dr.
		(Signature of p	laintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

Edward	) Benton 61453 0462470		
	e and ID Number		
Toccar	1+ Co Jail 100 NLAMAR		
Place of Confi	nement		
pt w	20174 TY 76.10%	CASE NO.	1
•		(Clerk will assign the	number
٧.		APPLICATION TO P	DED A CATE TO TO
	- Tarron Co Jall Div	IN FORMA PAU	
2240 h	tulen St / North Tower	TIA L'ORIVER I VAO	I IDAGO
Defendant's	same and address		
CV WO	e fn 76107		
			•
I. Žo	two.co 6-1635, declare, depose, and say t	hat I am the Plaintiff in the	e above entitled case. In support
of my motion	to proceed without being required to prepay fee:	s, costs or give security the	refor, I state that because of my
poverty, I am	unable to pay in advance the filing fee for said pr	oceedings or to give securi	ity for the filing fee. I believe I am
entitled to reli			
I furt	her declare that the responses which I have made	to questions and instruction	ons below are true.
_			a fallowing governor?
1.	Have you received, within the past 12 months,	any money irom any or the	e tonowing sources:
	a. Business, profession or form of self-emplo	vment? Yes G	No G
	b. Rent payments, interest or dividends?	Yes G	
	c. Pensions, annuities or life insurance payme	nts? Yes G	i No.G
	d. Gifts or inheritances?	Yes G	No B
	e. Family or friends?	Yes G	No. G
	f. Any other sources?	Yes G	
	·	Lange of the second	·
	If you answered YES to any of the questions	above describe each source	ce of money and state the amount
•	received from each during the past 12 months		
		ni ni	3
	260101 26	cocky 84	1,00
•	NOT While in Jen		
_		-11	mt including any funds in pricar
2.	Do you own cash, or do you have money in a	checking or savings account	in, including any mikes in preson
	accounts? Yes <b>G</b>	Note	
	If you answered YES, state the total value of		
	II you answered I Ess, state the total value of	. UPO RESILIS OVVIRGU	
•			

3.	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing?  Yes G  No.G
	If you answered YES, describe the property and state its approximate value.
I understand perjury. I de U.S.C. § 174	l that a false statement or answerto any questions in this affidavit will subject me to penalties for clare (or certify, verify, or state) underpenalty of perjury that the foregoing is true and correct (28 6).

Signed this the  $\sqrt{\frac{1}{2}}$  day of

YOUMUST ATTACH A CURRENT SIX (6) MONTH HISTORYOFYOUR INMATE TRUST ACCOUNT. YOU CAN ACQUIRE THE APPROPRIATE INMATE ACCOUNT CERTIFICATE FROM THE LAW LIBRARY AT YOUR PRISON UNIT (OR OTHER DESIGNATED LOCATION AT YOUR INSTITUTION).

## CERTIFICATE OF INMATE TRUST ACCOUNT

	I, the undersigned authorized officer of the Tarrant County Jan
	(name of institution)
where	Edward Benton Glass , Inmate ID No. 0462470 , is confined
•	(name of inmate)
as a pri	isoner, do hereby certify that:
	(1) On this day the prisoner has in his account the sum of \$
	(2) During the past six months, the prisoner's:
	Average monthly balance was \$ 30.26.
	Average monthly deposits to the prisoner's account were \$ 136.13
	Attached is a certified copy of the prisoner's trust account statement (or institutional equivalent)
showin	ng transactions for the past six months.
	Signed this 17th day of August, 20
	4
	Authorized Officer
	Tarrant County Jail
	Institution of Confinement

## Authorization

I, the undersigned inmate, authorize the institution where I am incarcerated to withdraw and forward to the court any initial partial filing fee or appeal fee and any subsequent installments ordered by a Court under the *in forma pauperis* provisions of 28 U.S.C. § 1915.

Signature of Prisoner/Plaintiff/Appellant Inmate ID No. 6462470

# Contact FAFFA It 14 Train County | Mentan relation, Friende 1844, 600 Avel Basson 22 10 fs 2 Ville Respondence 10 fs 2 Vil

Jail Records Needer



	2000
Energial and a series of the s	king mangarap balan sagai pilan sagai bahin 1970

Your About Us Services Rights

r

Business Opportunities

Research

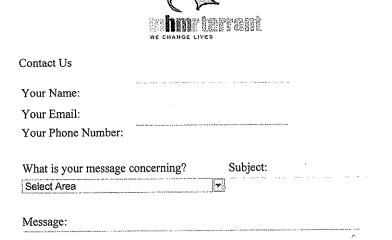
Jobs

Media

Contact Us

You are here: Contact Us

## Contact Us



SERVING 24 COUNTIES IN NORTH TEXAS | MHMR of Tarrant County (MHMR)3840 Hulen Street, North Tower, Fort Worth, TX 76107-817-569-4300

Inpakient recoods werend

# **UTSouthwestern**

Patient Medical Center

# Contact Us

General Information Phone: 214-648-3111

If you reach our automated system, you can be connected to the person or Department you'd like to speak with simply by stating their name. For general information, say "general information," or press zero.

# **Appointments**

Adult Patient Appointments (New)

Phone: 214-645-8300

Adult Patient Appointments (Established)

Contact the clinic directly

Pediatric Patient Appointments

Phone: 214-456-7000

University Hospitals Phone: 214-645-5555

## **Guest and Patient Services**

James W. Aston Ambulatory Care Center

Phone: 214-645-2393

**Outpatient Building** Phone: 214-645-3395

Professional Office Buildings 1 and 2

Phone: 214-645-6773

Seav Biomedical Building Phone: 214-645-8583

St. Paul University Hospital Phone: 214-645-5535

Zale Lipshy University Hospital

Phone: 214-645-4101

## Write Us

**UT Southwestern Medical** Center 5323 Harry Hines Blvd. Dallas, Texas 75390

**Directions** 

## **Medical Records**

Patients may request medical records directly from UT Southwestern.

Outpatient

Phone: 214-645-3030

St. Paul University Hospital Phone: 214-645-5260

Zale Lipshy University Hospital

Phone: 214-645-5400

# Billing

Patients may also obtain information about <u>billing and insurance plans</u> accepted.

Hospital or Inpatient

Phone: 214-645-4500 or 866-590-2198

Physician Services or Outpatient

Phone: 214-645-0600 or 866-648-2455

## **Media Inquiries**

UT Southwestern University News Bureau

Phone: 214-648-3404

Copyright 2014. The University of Texas Southwestern Medical Center For emergencies please call **911**. Make an appointment - Adult: 214-645-8300 or Children: 214-730-KIDS

my Docter records needed

# Agad U Iglam, MD (http://www.vitalg.com/doctorg/Dr\_Agad\_Iglam.html)

2.0 Add your rating:

?/4

Psychlatrists

15 years of experience

860 Hebron Pkwy Ste 1101 Lewisville, TX 75057 469-444-2244

✓ Accepting new patients

Locations and availability (3) (http://www.vitals.com/doctors/Dr\_Asad\_Islam/office-locations)

Discuss (3)

Inpatien recordi Nerdo

Search by location or name. Su

D

Home Dialysis Centers Home Care Agencies Hospitals Itursing Homes

Rehab Centers

Review (3)

You are here: CiteHealth» Rehabilitation Centers» Texas» Cities» Bedford » Harris Wethodist Springwood

Sign Up 1 Log In

# Drug Rehab Facility

全 therecoveryvillage.com/DrugRehab

Highest Quality Personalized Rehab. Call Us Today. Insurance Accepted.

## Harris Methodist Springwood

Detailed report on the mental health and substance abuse treatment rehabilitation center located in Bedford, Texas (TX).

Harris Methodist Springwood is a drug or alcohol rehabilitation center with a primary focus on mental health and substance abuse treatment based at 2717 Tibbets Drive in Bedford, TX.

The facility provides detoxification and buprenorphine services to the public. The treatment center provides outpatient, residential short-term treatment, and hospital inpatient care. There are special groups and programs for persons with co-occuring mental and substance abuse disorders, pregnant and postpartum women, and women. No special language services are available. Payments via medicaid, medicare, private insurance, and military insurance are accepted. Payment assistance is not offered for program costs.

## **Overall Rating**

夏澤 唐 實 房

Rated 2.67 out of 5 from 3 User Reviews

到 Read the Reviews | 图 Rete this Rehab Center

#### **Quality of Care Rating**

WWW AT A W Rated 2.67 out of 5 on this

#### Staff Rating 雅 篇 展 者

Rated 3.33 out of 5 on this

#### **Facility Rating**

user rated measure

A M M &

Rated 3.00 out of 5 on this user rated measure.

#### Rated 3,33 out of 5 on this user rated measure.

**Promptness Rating** 

推 海 麻 员 汤

#### **Primary Focus** A mix of Mental Health and

Treatment Services

#### Address

2717 Tibbets Drive Bedford, TX 76022

## Phone Number

(817) 355-7771

## Geographic Coordinates

• The accuracy of these coordinates is at a address level.

#### Website

www.texashealth.org

Services

Top



#### **Nearby Rehab Centers**

Counseling Center Located 0.74 miles away in Bedford at 1909 Central Drive Suite 203.

TRS Behavioral Care, Inc. Located 0.85 miles away in Euless at 2219 West Euless Boulevard.

Mental Health Mental Recovery of Located 3.36 miles away in Hurst at 129 Harmon Road.

Grapevine Valley Hope Located 5.72 miles away in Grapevine at 2300 William D Tate Avenue.

Millwood Hospital Located 5.78 miles away in Arlington at 1011 North Cooper Street.

#### **Newest Reviews**

Capitol House Nursing & Rehab Center An overall rating of 1 out of 5 stars was given and the reviewer said: "As I entered Capitol House as a visitor, I thought I was..

Beer Creek Nursing &. An overall rating of 4 out of 5 stars was given and the reviewer said: "verv compsionate and helpful with my father's last months"

Hope Valley, Inc. An overall rating of 5 out of 5 stars was given and the reviewer sald; "I just got home from treatment and had a few things

Inspirations for Youth & Families An overall rating of 5 out of 5 stars was given and the reviewer said: "My friends teen went there and he has been sober for years..."

Sealield Center, Inc. An overall rating of 1 out of 5 stars was given and the reviewer said: "Overall, not a good place if you need help. The intake

View More

#### Bedford at a Glance

Bedford has a total population of 47,152, of which 10,628 are children under the age of 18 and

# Case 4:14-cv-00701-A Document 1 Filed 08/26/14 Page 27 of 27 PageID 27

United Stakes District Coch Soliw 10th St Room 310 Tr woothmanilos

CIB OY 63470 COE N CAMRO FT WOCKY TY 76102